

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County

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SPECIAL REPORTING ISSUE — 2005

In Los Angeles County, more than 80 diseases are reportable by law to the local health department. Since there are several different reporting forms and procedures, this issue was designed to facilitate disease reporting during 2005. The timely and accurate reporting of communicable diseases (both confirmed and suspected cases) is a critical component of disease surveillance, prevention and control. Delay or failure to report may contribute to secondary transmission of disease and is a misdemeanor (Health and Safety Code §12095). In addition, the potential threat of emerging diseases and bioterrorist activity further increases the need for prompt and thorough disease reporting.

Reporting changes from 2004

Only one change in disease reporting was implemented in 2004—as such, the previous reporting issue of **The Public's Health** (January 2004) is still essentially accurate for reporting the majority of diseases. The only change was implemented to address the heightened concern of influenza disproportionately affecting children. As of last season, pediatric intensive care cases and deaths with evidence of influenza infection are reportable within seven calendar days from the time of identification—this reporting change is still in effect this year. Guidelines for the accurate diagnosis of influenza have been described previously (Nov/Dec **The Public's Health** available at:

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TIMELY REPORTING OF ENTERIC DISEASES: WHAT EVERY HEALTH CARE PROVIDER SHOULD KNOW

Communicable disease reporting is the foundation of public health surveillance and disease control. Prompt reporting allows local Public Health to take action to interrupt disease transmission, locate and administer prophylaxis and/or treat exposed contacts, identify and contain outbreaks, ensure effective treatment, educate and follow-up cases, and alert the healthcare community as needed.

Since physicians are often the first to recognize clusters of disease in the communities they serve, their timely reports can make an important difference in disease control. Control measures may include the closure of a restaurant or removal of a product that is suspected to be a source of infection. Similarly, contagious cases can be removed from sensitive activity that places the public health at risk (e.g., temporary removal from daycare, food

preparation at a commercial facility, or work in a healthcare environment). If a physician suspects that a patient's illness was food-related, this may be reported to Public Health by submitting a Foodborne Illness Report (1-888-397-3993). If a commercial establishment is the suspected source, an inspector from the Los Angeles County Environmental Health's Food and Milk Program investigates to prevent future illnesses and ultimately, determine if and how the food became contaminated, correct problems found, cite violations and require rectification. Foodborne illness reports are carefully monitored to identify possible clusters of illness related to common exposures.

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Reporting Diseases (from page 1)

www.lapublichealth.org/wwwfiles/ph/ph/ph/NovDecTPH2004.pdf). It is important to note that except for outbreaks and this recent change, influenza is not a reportable disease; but since the clinical symptoms of influenza are similar to many other diseases with significant public health impact (e.g., SARS, avian influenza), physicians should always be alert to epidemiologic factors, especially history of recent foreign travel, which might suggest more serious illness.

Past changes in disease reporting

In 2003, hospitalized varicella cases were added to the list of reportable diseases and conditions (the full list of reportable diseases is included in this issue). This addition was implemented due to the continued high rates of morbidity resulting from this disease and the need to better monitor this vaccine-preventable illness. Hospitalized cases should be reported within, seven days of identification using the standard Confidential Morbidity Report (CMR) form enclosed in this issue. Fatal cases of varicella should be reported immediately by phone to Acute Communicable Disease Control 213-240-7941.

It is important to note that except for outbreaks and this recent change, influenza is not a reportable disease; but since the clinical symptoms of influenza are similar to many other diseases with significant public health impact (e.g., SARS, avian influenza), physicians should always be alert to epidemiologic factors, especially history of recent foreign travel, which might suggest more serious illness.

While minimal changes in disease reporting have occurred over the past two years, several critical changes occurred in 2002 and 2001.

In July 2001, the reporting of cases of human immunodeficiency virus infection (HIV) was initiated. This addition does not replace the reporting of Acquire Immunodeficiency Syndrome (AIDS), which has been reportable since 1983. Unique to HIV reporting is the exclusion of personal identifiers and the necessary interaction between healthcare providers and laboratories, which diagnose HIV infection. This requires

a special process. Information is available at: www.lapublichealth.org/hiv/hivreporting.htm. For questions, call 213-351-8561. For your convenience, the HIV/AIDS Case Report Form (DHS 8641A: 9/01) is provided in this issue.

Invasive pneumococcal disease (IPD) reporting was also initiated in 2002 (as described in the October 2002 issue of **The Public's Health** available at: www.lapublichealth.org/wwwfiles/ph/ph/ph/TPH_October_2002.pdf). The reduction of IPD is a priority of the CDC and is among the Healthy People 2010 objectives set by the U. S. Surgeon General. Nationally, numerous states require reporting of IPD and drug-resistant *Streptococcus pneumoniae*. *S. pneumoniae* is a leading cause of illness in young children and also causes substantial illness and death in the elderly. Enhanced IPD surveillance allows more effective tracking and response to antimicrobial resistant infections. Additional instructions and related

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Steps to Limit the Spread of Influenza and Other Diseases in Hospitals and Healthcare Facilities

1. Educate staff on respiratory hygiene and how they can stop the spread of germs at the work place.
2. Place “respiratory hygiene” posters in high traffic areas. (Available from Acute Communicable Disease Control 213-240-7941.)
3. Have boxes of facial tissue, with appropriate trash receptacles, available throughout holding/waiting areas.
4. Install hand hygiene dispensers (e.g., alcohol-based hand washing gel) in patient rooms, holding/waiting areas and other high traffic locations.
5. Based on current and future supply of influenza vaccine, consider immunization programs for high-risk patients, staff members and physicians, as well as their household members. When appropriate, consider the use of FluMist® as a possible alternative to vaccination with injected inactivated vaccine.
6. Encourage pneumococcal immunization for high-risk patients.
7. Consider the use of antiviral medications as a possible prophylaxis for workers who are unvaccinated and exposed to cases of influenza.
8. Pre-plan for the seasonal influx of patients including establishing use of flexible space for the intake of patients with respiratory illness, extending weekend hours and enacting procedures for expediting admissions and discharges of patients.

information are available at: www.lapublichealth.org/acd/antibio.htm or by calling 213-240-7941.

During 2001, the most significant changes in disease reporting were established for enhanced bioterrorism surveillance. Because of the potential threat of its use as a bioterrorist agent, smallpox was reinstated to the list of reportable diseases. In addition, fatal cases of varicella were also added to the list—both require immediate notification by telephone to Los Angeles County Department of Health Services (888-397-3993 or 213-240-7941). A total of seven agents have been defined by the CDC as posing the most risk to national security thereby meriting intensive surveillance and rapid reporting:

- anthrax
- botulism
- brucellosis
- plague
- smallpox
- tularemia
- viral hemorrhagic fever viruses.

Any case or suspected case requires immediate notification by telephone (888-397-3993 or 213-240-7941). In addition, laboratories receiving specimens for the diagnosis of any of these diseases must immediately contact the California Department of Health Services (510-412-3700 for bacterial testing, 510-307-8575 for viral testing).

Anything suspicious warrants an immediate call to ACDC: 213-240-7941

Perhaps the most critical aspect of an effective response to a bioterrorist event is recognizing that something unusual is occurring. Primary healthcare providers will probably be the first to observe and report bioterrorist-

- ☐ associated illness. As such, healthcare professionals should be aware of unusual occurrences or patterns of disease which include:
- ☐ serious, unexpected, unexplained acute illness with atypical host characteristics (e.g., young patient, immunologically intact, no underlying illness or recent travel or other exposure or potential source of infection);
- ☐ multiple similarly presenting cases — especially if these are geographically associated or closely clustered in time; an increase in a common syndrome occurring out of season (e.g., influenza-like illness in the summer)

Outbreak investigations

Many outbreak investigations demonstrate how critical the contributions of primary care providers can be in the protection of the public's health. For instance, in 2003 a multi-county outbreak of *E.coli* O157:H7 originated with prompt reporting from medical providers. The appropriate assessment, testing and reporting of patients with bloody diarrhea—as required by law—resulted in expeditious interviews of cases revealing common exposures to a popular restaurant chain and a school system. An epidemiological study implicated lettuce and a subsequent trace back led to an inspection of the suppliers and removal of the suspected product from sale.

In contrast, an inquiry about a potential cluster of shigellosis cases in a Los Angeles religious community triggered an investigation in 2002. Family members reported knowing other families with similar illness—this resulted in the identification of additional confirmed cases that had not been reported by their physicians or the laboratory. Ultimately, 22 cases were linked to this outbreak. The timely reporting of the earliest cases could have allowed for intervention to prevent further transmission.

The roles of medical providers and Public Health

Collaboration between medical providers and Public Health is necessary for the identification and containment of enteric diseases (Table 1). For instance, beyond the timely reporting of cases, physicians should advise patients that public health personnel might contact them—though this extensive follow-up is not always needed (Table 2).

All information is kept confidential and may be conducted by home visit by a Public Health nurse or other Public Health personnel. If the patient or members of his family hold a sensitive occupation or participate in sensitive situations (SOS), follow-up may require additional intervention and clearance. Examples of SOS include: attending daycare or preschool, preparing food (especially in commercial environments), and caring for patients, the elderly or small children. Clearance of SOS cases by microbiological culture is mandated by law for amebiasis, salmonellosis, shigellosis and typhoid fever. Mandated clearance for typhoid fever and carriers is more comprehensive and is not limited to SOS. Specimen cultures to determine clearance for all of these diseases must be performed by an approved public health

laboratory. Cultures done by private laboratories are NOT acceptable for the purpose of clearance. For other diseases such as hepatitis A, *E.coli* O157 infection, giardiasis, cryptosporidiosis and cyclosporiasis, the local health officer determines conditions for clearance on a case-by-case basis.

Community laboratories are mandated to submit isolates of *Salmonella*, *E.coli* O157:H7 or Shiga toxin-producing *E.coli*, *Vibrio* and *Listeria monocytogenes* to the Public Health Laboratory (PHL). The PHL confirms the identification of these organisms, performs serotyping and may perform pulsed field gel electrophoresis (PFGE) on designated organisms (Table 2). Results are compared to determine local clusters based on indistinguishable DNA patterns. PFGE patterns for *E.coli* O157:H7, *Listeria monocytogenes*, *S. typhi* and *Salmonella* serotypes are also shared with CDC and other state and local health departments as part of national disease surveillance.

Epidemiology and education

In addition to disease control activities, the information obtained through disease reporting is used to monitor disease trends, identify high-risk groups, allocate resources, develop policy, design prevention programs, and support applications for grant funding. Acute Communicable Disease Control publishes findings including local rates of enteric diseases and special investigations in our Annual Morbidity Report available at: www.lapublichealth.org/acd/reports.htm.

Locally and nationwide, enteric disease rates have been declining steadily over the last ten years. Although there numerous factors have contributed to this decline, surveillance remains a vital part of control for these diseases, and protection of the public's health depends on reports from medical providers and laboratories. Without collaboration with physicians the system cannot function at its optimal level.

Table 1: The Roles and Responsibilities of Physicians and Public Health Regarding Enteric Diseases

	Role of Physician	Role of Public Health
For illness and outbreak identification...	Obtain history and examine the patient; Test specimens; Report positive results.	Enact surveillance; Identify illness clusters; Contact patients to obtain further information.
For patient education, compliance and disease control ...	Counsel patient regarding diagnosis; Prescribe treatment if warranted; Provide patient education; Inform patient that Public Health may contact him or her for follow-up.	Plan and implement control measures; Assess patient treatment compliance; Reinforce patient education with an emphasis on disease prevention; Assess for SOS and the need for additional intervention of case and/or contacts.
For case clearance...	Collaborate with Public Health on clearance process as needed; Counsel patient; Reinforce public health concepts.	Collect specimens for culture by Public Health Lab as indicated for clearance of specific disease.

Table 2: The Process for Enteric Disease Follow-up

Disease	Public Health Contact?	Clearance?	Subtype Isolates
Salmonellosis	yes, Nurse	yes, for SOS	yes
Shigellosis	yes, Nurse	yes, for SOS	yes, selected isolates
Typhoid Fever/Carriers	yes, Nurse	yes, for cases and contacts	yes
Campylobacteriosis	yes, Nurse	as needed	yes, selected isolates
<i>E.coli</i> O157:H7	yes, Nurse	as needed	yes
Cryptosporidiosis	no	as needed	no
Amebiasis	yes, Nurse	yes	no
Giardiasis	yes, Nurse	as needed	no
Hepatitis A	yes, Nurse	no	N/A
Vibriosis	yes, ACDC*	no	yes, selected isolates
Listeriosis	yes, ACDC*	no	yes

* Acute Communicable Disease Control

Reporting of Selected Diseases and Conditions

There are several non-communicable diseases and conditions that healthcare professionals are mandated to report. These include disorders characterized by lapses of consciousness (such as Alzheimer's disease) and pesticide-related illnesses.

Individuals with conditions that involve lapses of consciousness can pose tremendous risk to both themselves and others should they operate a motor vehicle. It is the responsibility of all healthcare professionals to notify the health department of cases of lapses of consciousness within seven days of diagnosis if they are aware that these cases might present a threat if they operate a motor vehicle [California Code of Regulations (CCR) § 2806]. The preferred method for reporting cases is by standard Los Angeles County Confidential Morbidity Report available in this issue. These reports are forwarded to the California Department of Motor Vehicles Driver's Safety Office which investigates to determine if the patient's license to drive should be restricted or revoked.

Disorders characterized by lapses of consciousness are medical conditions that involve:

- (1) a loss of consciousness or a marked reduction of alertness or responsiveness to external stimuli; and
- (2) the inability to perform one or more activities of daily living (e.g., driving); and
- (3) the impairment of sensory or motor functions used to operate a motor vehicle.

Examples of medical conditions that may require reporting include:

- Alzheimer's disease and related disorders,
- seizure disorders,
- brain tumors,
- narcolepsy,
- sleep apnea,
- abnormal metabolic states (e.g., hypo- and hyperglycemia associated with diabetes).

Impaired sensorimotor functions are defined as the inability to integrate seeing, hearing, smelling, feeling, and reacting with physical movement, such as depressing the brake pedal of a car (CCR § 2808).

Since the purpose of reporting is to note driving impairment, cases are limited to patients 14 years of age or older (CCR § 2810). Other reporting exemptions (CCR § 2812) include:

- (1) The patient's sensorimotor functions are impaired to the extent that the patient is unable to ever operate a motor vehicle, or

Non-communicable

Pesticide-related Illnesses May Mask Bioterrorist Activity

With the continuing threat of bioterrorist activity, it is important that healthcare providers be alert in identifying chemically induced illnesses since it is possible that such illness may be actually caused by a deliberate act of chemical terrorism. The diagnosis of a nerve agent poisoned casualty must be made clinically on the basis of the presenting signs and symptoms (e.g., sudden loss of consciousness, seizures, apnea, and death) since there is usually no time for laboratory confirmation. The occurrence of more than one case of apparent pesticide poisoning or a single case resulting from suspicious or unusual circumstances (i.e., poisoning without a known chemical exposure event) should prompt investigation for a possible criminal event. If you suspect an illness is due to nerve agents or any bioterrorist-associated cause, immediately call the Toxics Epidemiology Program (213-240-7785) or the on-call medical toxicologist (213-974-1234).

For more information about nerve agents and bioterrorism preparedness, visit the CDC web site at:

www.bt.cdc.gov/agent/agentlistchem-category.asp#nerve

- (2) The patient does not drive and never intends to drive, or
- (3) The healthcare provider has reported the patient's diagnosis previously, or The patient's records indicate that the diagnosis was reported previously, and since that report, the provider believes the patient has not operated a motor vehicle.

Reporting cases of pesticide-related illnesses

The California Office of Environmental Health Hazard Assessment (OEHHA) receives and oversees reports of illnesses believed to be associated with pesticides. These reports allow for the evaluation and potential elimination of some of these hazardous substances. According to California Health and Safety Code (§ 105200), any physician or surgeon who knows, or has reasonable cause to believe, that a patient is suffering from pesticide poisoning, or any disease or condition caused by a pesticide, is required to report that fact within 24 hours to the local health officer.

The "Pesticide Illness Report" is available at: www.oehha.ca.gov/pesticides/pdf/PIR_99.pdf.

For occupational cases of pesticide-related illnesses, physicians are also required within 7 days to send a copy of the "Doctor's First Report of Occupational Injury or Illness" to the local health officer and to the State Department of Industrial Relations. The form for these reports and mailing address (State Division of Labor Statistics) are available at: www.oehha.ca.gov/pesticides/pdf/dlsrform5021.pdf

Respiratory Hygiene — Contact us for your free posters

Especially during cold and flu season, the importance of effective respiratory hygiene to reduce the spread of disease and illness cannot be overstated. Simple steps such as washing your hands and covering your mouth when you cough or sneeze yield enormous benefits in the fight against many illnesses.

DHS has launched the Respiratory Hygiene Awareness Campaign to educate residents on the simple steps they can take to avoid spreading diseases.

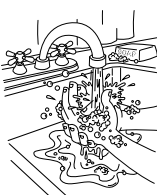
We have posters available in nine languages: Spanish, Cambodian, Chinese, Russian, Korean, Tagalog, Farsi, Vietnamese, and Armenian, in addition to English. These colorful posters are 11" X 17" and can be posted in waiting rooms, restrooms, cafeterias and other locations where individuals gather.

Please contact the Acute Communicable Disease Control Program for your free copies.

Call 213-240-7941, or visit,

www.lapublichealth.org/acd/index.htm

Good Health Is In Your Hands!



Do you know that the single most effective way to stop the spread of infection is by washing your hands?

That's right. The Centers for Disease Control and Prevention say the most important means of preventing the spread of gastrointestinal (stomach flu) and respiratory (colds and the flu) illness is handwashing.

There are other ways to prevent passing on germs to friends, family and co-workers:



- cover your mouth when you sneeze or cough
- avoid other people when you are ill with a cold or the flu
- never share toothbrushes, towels, drinking glasses and utensils



When do you wash your hands?

- Before and after you cook or eat food
- After you feed or play with your pet
- After you change a diaper or blow your nose
- After you use the restroom
- Before and after you care for someone who is ill

Practice good respiratory etiquette and enjoy good health. Cover your mouth when you sneeze or cough; keep your fingers out of your mouth, nose and eyes; and wash your hands regularly.

Remember: good health is in YOUR hands!



COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health



Los Angeles County Department of Health Services Information and Reporting Phone Numbers

	Phone Number	Hours available	Service Providers	What can be reported?
AIDS/STD				
HIV/AIDS Surveillance	213-351-8516	8AM-5PM M-F	Healthcare Providers/Labs	HIV/AIDS case reporting and HIV confirmed test results.
Sexually Transmitted Disease/HIV Hotline	1-800-758-0880	7AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	STD/HIV information line; specific information available from a Health Educator.
ANIMAL REPORTING				
Animal Rabies and Disease Reporting	1-877-747-2243	7AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	Reporting of animal bites, rabies, and dead birds for disease surveillance (e.g., West Nile Virus).
CHILDREN SERVICES				
California Children Services	1-800-288-4584	8AM-5PM	General Public	Medical assessments and referrals.
LA County Child Health/Disability Prevention	1-800-993-2437	7:30AM-5PM	Public and Healthcare Providers	Information regarding immunizations and medical examinations.
LA County Child Protection Hotline	1-800-540-4000	24 hours	Public, Healthcare Providers & Law Enforcement	Child abuse reporting, social workers available for information.
DISEASE AND ILLNESS RELATED INFORMATION LINES				
Communicable Disease Reporting System (CDRS)	1-888-397-3993 or Fax 1-888-397-3778	24 hours	Healthcare Providers	Communicable disease reporting.
Environmental Health Hotline	1-888-700-9995	8AM-4PM M-F monitored; 24hr line	Public and Healthcare Providers	Food facility complaints, technical issues, policies and procedures.
Foodborne Illness Reporting	1-888-397-3993 or Fax 1-888-397-3778	24 hours	Healthcare Providers and General Public	Reporting of possible foodborne illnesses.
Health Facilities (Complaints)	1-800-228-1019	8AM-5PM M-F; 24/hr msg.	Public and Healthcare Providers	Complaints about health facilities.
Health Services Information	1-800-427-8700	7AM-6PM M-F	Public and Healthcare Providers	Healthcare resource information, county facility and information numbers.
LA County Alcohol and Drug Programs	1-800-564-6600	8AM-5PM M-F	General Public	Information regarding alcohol and drug treatment centers.
Lead Program: General Information Line	1-800-524-5323 1-800-LA 4 LEAD	8AM-5PM M-F	Healthcare Providers and General Public	General information line concerning lead poisoning
Lead Program: Medically elevated blood levels of lead reporting	323-869-7195	8AM-5PM M-F	Healthcare Providers/Labs	Reporting of medically determined high levels of lead in the blood.
Lead Program: Unsafe work practices for those working with lead-based products	323-869-7015	8AM-5PM M-F	General Public	Reporting unsafe methods of removing lead-based paint.
TB Control Program: Surveillance Unit	213-744-6160 or Fax 213-749-0926	8AM-5PM M-F; 24/hr msg.	Healthcare Providers	Reporting TB cases and suspected cases.

REPORTABLE DISEASES AND CONDITIONS**Title 17, California Code of Regulations (CCR), § 2500**

It shall be the duty of every health care provider, knowing of or in attendance on a case or suspected case of any diseases or conditions listed below, to report to the local health officer for the jurisdiction where the patient resides. Where no health care provider is in attendance, any individual having knowledge of a person who is suspected to be suffering from one of the diseases or conditions listed below may make such a report. "Health care provider" encompasses physicians, surgeons, veterinarians, podiatrists, nurse practitioners, physician assistants, registered nurses, nurse midwives, school nurses, infection control practitioners, medical examiners, coroners, dentists and chiropractors.

Urgency Reporting Requirements:

☎ = Report immediately by telephone.

✉ = Report by mailing, telephoning or electronically transmitting a report within **1 working day** of identification of the case or suspected case.

☎ = Report by telephone within **1 hour** followed by a written report submitted by facsimile or electronic mail within **1 working day**.

If no symbol, report within **7 calendar days** from the time of identification by mail, telephone or electronic report.

REPORTABLE DISEASES

<ul style="list-style-type: none"> Acquired Immune Deficiency Syndrome (AIDS)* ☎ Amebiasis ☎ Anisakiasis ☎ Anthrax ☎ Babesiosis ☎ Botulism (Infant, Foodborne, Wound) ☎ Brucellosis ☎ Campylobacteriosis Chancroid* Chlamydial Infections* ☎ Cholera ☎ Ciguatera Fish Poisoning Coccidioidomycosis ☎ Colorado Tick Fever ☎ Conjunctivitis, Acute Infectious of the Newborn, Specify Etiology ☎ Cryptosporidiosis Cysticercosis ☎ Dengue ☎ Diarrhea of the Newborn, Outbreaks ☎ Diphtheria ☎ Domoic Acid Poisoning (Amnesic Shellfish Poisoning) Echinococcosis (Hydatid Disease) Ehrlichiosis ☎ Encephalitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic ☎ <i>Escherichia coli</i> O157:H7 Infection ☎ Foodborne Disease <ul style="list-style-type: none"> ☎ (2 or more cases from separate households with same suspected source) Giardiasis Gonococcal Infections* ☎ <i>Haemophilus influenzae</i>, Invasive Disease ☎ Hantavirus Infections 	<ul style="list-style-type: none"> ☎ Hemolytic Uremic Syndrome Hepatitis, Viral <ul style="list-style-type: none"> ☎ Hepatitis A Hepatitis B (Specify Acute Case or Chronic) Hepatitis C (Specify Acute Case or Chronic) Hepatitis D (Delta) Hepatitis, Other, Acute Human Immunodeficiency Virus (HIV)* Kawasaki Syndrome (Mucocutaneous Lymph Node Syndrome) Legionellosis Leprosy (Hansen Disease) Leptospirosis ☎ Listeriosis Lyme Disease ☎ Lymphocytic Choriomeningitis ☎ Malaria ☎ Measles (Rubeola) ☎ Meningitis, Specify Etiology: Viral, Bacterial, Fungal, Parasitic ☎ Meningococcal Infections Mumps Non-Gonococcal Urethritis (report laboratory confirmed chlamydial infections as chlamydia)* ☎ Paralytic Shellfish Poisoning Pelvic Inflammatory Disease (PID)* ☎ Pertussis (Whooping Cough) ☎ Plague, Human or Animal ☎ Poliomyelitis, Paralytic ☎ Psittacosis ☎ Q Fever ☎ Rabies, Human or Animal ☎ Relapsing Fever Reye Syndrome Rheumatic Fever, Acute Rocky Mountain Spotted Fever 	<ul style="list-style-type: none"> Rubella (German Measles) Rubella Syndrome, Congenital ☎ Salmonellosis (other than Typhoid Fever) ☎ Scabies (Atypical or Crusted)★ ☎ Scombroid Fish Poisoning ☎ Shigellosis ☎ Smallpox (Variola) Streptococcal Infections <ul style="list-style-type: none"> ☎ Outbreaks of any Type and Individual Cases in Food Handlers and Dairy Workers Only ☎ Invasive Group A Streptococcal Infections including Streptococcal Toxic Shock Syndrome and Necrotizing Fasciitis ★ (Do not report individual cases of pharyngitis or scarlet fever.) Invasive <i>Streptococcus pneumoniae</i> ★ ☎ Swimmer's Itch (Schistosomal Dermatitis) ☎ Syphilis* Tetanus Toxic Shock Syndrome Toxoplasmosis ☎ Trichinosis ☎ Tuberculosis* ☎ Tularemia ☎ Typhoid Fever, Cases and Carriers Typhus Fever ☎ Varicella: fatal cases only Varicella: Hospitalized cases ☎ <i>Vibrio</i> Infections ☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ☎ Water-associated Disease ☎ Yellow Fever ☎ Yersiniosis ☎ OCCURRENCE OF ANY UNUSUAL DISEASE ☎ OUTBREAKS OF ANY DISEASE
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Notification Required of Laboratories (CCR §2505)

<ul style="list-style-type: none"> ☎ Anthrax + ■ ☎ Botulism ■ ☎ Brucellosis + ■ ☎ Chlamydial infections* ☎ Cryptosporidiosis ☎ Diphtheria + ☎ Encephalitis, arboviral ☎ <i>Escherichia coli</i> O157:H7 or Shiga toxin-producing <i>E. coli</i> O157:NM + ☎ Gonorrhea* ☎ Hepatitis A, acute infection, by IgM antibody test or positive viral antigen test 	<ul style="list-style-type: none"> ☎ Hepatitis B, acute infection, by IgM anti-HBc antibody test ☎ Hepatitis B surface antigen positivity (specify gender) Human Immunodeficiency Virus (HIV)* ☎ Listeriosis + ☎ Malaria + ☎ Measles (Rubeola), acute infection, by IgM antibody test or positive viral antigen test ☎ Plague, animal or human + ■ ☎ Rabies, animal or human ☎ Salmonella + 	<ul style="list-style-type: none"> ☎ Smallpox ■ <i>Streptococcus pneumoniae</i>, Invasive ★ ☎ Syphilis* ☎ Tuberculosis +* ☎ Tularemia + ■ ☎ Typhoid and other <i>Salmonella</i> species + ☎ <i>Vibrio</i> species infections + ☎ Viral Hemorrhagic Fevers (e.g., Crimean-Congo, Ebola, Lassa, and Marburg viruses) ■
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★ Reportable to the Los Angeles County Department of Health Services.

+ Bacterial isolates and malarial slides must be forwarded to the DHS Public Health Laboratory for confirmation. Health-care providers must still report all such cases separately.

■ Laboratories receiving specimens for the diagnosis of these diseases must **immediately** contact the California Department of Health Services; for botulism testing call 213-240-7941, for bacterial testing call 510-412-3700, for viral testing call 510-307-8575.

Non-communicable Diseases or Conditions

Alzheimer's Disease and Related Conditions

Disorders Characterized by Lapses of Consciousness

☎ Pesticide-Related Illnesses (Health and Safety Code, §105200)

* For questions regarding the reporting of HIV/AIDS, STDs, or TB, contact their respective programs:

HIV Epidemiology Program

213-351-8516

www.lapublichealth.org/hiv/index.htm

STD Program

213-744-3070

www.lapublichealth.org/std/index.htm

TB Control Program

213-744-6271 (for reporting) • 213-744-6160 (general)

www.lapublichealth.org/tb/index.htm

To report a case or outbreak of any disease contact the Communicable Disease Reporting System Hotline

Tel: 888-397-3993 • Fax: 888-397-3778



NOTE: This form is not intended for reporting STDs, HIV, AIDS or TB. See comments below

REMARKS:

For assistance, please call the Morbidity Unit at 888-397-3993, or mail to Morbidity Unit, 313 N. Figueroa St. #117, Los Angeles, CA 90012.

ADULT HIV/AIDS CONFIDENTIAL CASE REPORT
(Patients ≥ 13 years of age at time of diagnosis)

Date form completed		Report status		I. Health Department Use Only														
Month	Day	Year	1 New	2 Update	Report source	Reporting health department	State patient number	City/county patient number										

II. For HIV and AIDS Cases				For Non-AIDS Cases Only								
Soundex code	Date of birth	Gender	Last four digits of SSN	Lab report number	*Confidential C&T number							
	Month Day Year	1 M 3 M → F 2 F 4 F → M			<small>*Publicly funded confidential counseling and testing only</small>							

III. Demographic Information									
Diagnosis status at report (check one)		Age at Diagnosis	Current status	Date of death	State/Territory of death				
1 HIV infection (not AIDS) 2 AIDS		Years	1 Alive 2 Dead 9 Unknown	Month Day Year					
Race/Ethnicity		Country of birth							
1 White (non-Hispanic) 2 Black (non-Hispanic) 3 Hispanic (specify:) 4 Asian/Pacific Islander (specify:) 5 American Indian/Alaska Native 9 Not specified		1 U.S. 7 U.S. Territories (including Puerto Rico) 8 Other (specify:) 9 Unknown							
<input type="checkbox"/> Check if HIV infection is presumed to have been acquired outside United States and Territories. Specify country:									
Residence at diagnosis:		City	County	State/Country	ZIP code				
<input type="checkbox"/> Homeless									

IV. Facility of Diagnosis				V. Patient History																																			
Facility name				After 1977 and preceding the first positive HIV antibody test or AIDS diagnosis, this patient had (respond to ALL categories):																																			
City				<table border="1"> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Unknown</th> </tr> <tr> <td>• Sex with a male</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Sex with a female</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Injected nonprescription drugs</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Received clotting factor for hemophilia/coagulation disorder</td> <td>1</td> <td>0</td> <td>9</td> </tr> </table>					Yes	No	Unknown	• Sex with a male	1	0	9	• Sex with a female	1	0	9	• Injected nonprescription drugs	1	0	9	• Received clotting factor for hemophilia/coagulation disorder	1	0	9												
	Yes	No	Unknown																																				
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• Injected nonprescription drugs	1	0	9																																				
• Received clotting factor for hemophilia/coagulation disorder	1	0	9																																				
State/Country				Specify disorder:																																			
Facility type (check one)				1 Factor VIII (Hemophilia A) 2 Factor IX (Hemophilia B) 8 Other (specify):																																			
01 Physician, HMO 29 Community Health Center 36 Correctional Facility 31 Hospital, inpatient 32 Hospital, outpatient 88 Other (specify): 99 Unknown				<table border="1"> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Unknown</th> </tr> <tr> <td>• HETEROSEXUAL relations with any of the following:</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Intravenous/injection drug user</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Bisexual male</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Person with hemophilia/coagulation disorder</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Transfusion recipient with documented HIV infection</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Transplant recipient with documented HIV infection</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Person with AIDS or documented HIV infection, risk not specified</td> <td>1</td> <td>0</td> <td>9</td> </tr> </table>					Yes	No	Unknown	• HETEROSEXUAL relations with any of the following:	1	0	9	• Intravenous/injection drug user	1	0	9	• Bisexual male	1	0	9	• Person with hemophilia/coagulation disorder	1	0	9	• Transfusion recipient with documented HIV infection	1	0	9	• Transplant recipient with documented HIV infection	1	0	9	• Person with AIDS or documented HIV infection, risk not specified	1	0	9
	Yes	No	Unknown																																				
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Facility setting (check one)				<table border="1"> <tr> <th></th> <th>Yes</th> <th>No</th> <th>Unknown</th> </tr> <tr> <td>• Received transfusion of blood/components (other than clotting factor)</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Received transplant of tissue/organs or artificial insemination</td> <td>1</td> <td>0</td> <td>9</td> </tr> <tr> <td>• Worked in a health care or clinical laboratory setting</td> <td>1</td> <td>0</td> <td>9</td> </tr> </table>					Yes	No	Unknown	• Received transfusion of blood/components (other than clotting factor)	1	0	9	• Received transplant of tissue/organs or artificial insemination	1	0	9	• Worked in a health care or clinical laboratory setting	1	0	9																
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• Worked in a health care or clinical laboratory setting	1	0	9																																				
1 Public 2 Private 3 Federal 9 Unknown				(Specify occupation):																																			

VI. Laboratory Data										
A. HIV Antibody Test at Diagnosis (Indicate first test.)										
		Pos		Neg		Ind		Not Done		TEST DATE
		1		0		—		9		Month Year
• HIV-1 EIA		1		0		—		9		
• HIV-1/HIV-2 combination EIA		1		0		—		9		
• HIV-1 Western Blot/IFA		1		0		8		9		
• Other HIV antibody test		1		0		8		9		
(Specify):										
B. Positive HIV Detection Test (Record earliest test.)										
<input type="checkbox"/> Culture <input type="checkbox"/> Antigen <input type="checkbox"/> PCR, DNA, or RNA probe		Month		Year						
Other (specify):										
C. Detectable Viral Load (Record earliest test.)										
Test type*		Copies/ml		Month		Year				
*Type 1=NASBA (Organon); 2=RT-PCR (Roche); 3=BDNA (Genentech); 18=Other										
D. Immunologic Lab Tests										
At or closest to current diagnostic status		Month		Year						
• CD4 count		cells/μl		Month		Year				
• CD4 percent		%		Month		Year				
First <200 μl or <14%		Month		Year						
• CD4 count		cells/μl		Month		Year				
• CD4 percent		%		Month		Year				

STATE/LOCAL USE ONLY									
VII. FOR AIDS CASES ONLY—Patient-identifier information is not transmitted to CDC.									
Patient's name (last, first, MI)				Telephone number		Social Security Number			
Address (number, street)				City		County		State ZIP code	

VIII. Clinical Status

Clinical record reviewed	Yes	No	Enter date patient was diagnosed as		Month	Year
	<input type="checkbox"/> 1	<input type="checkbox"/> 0	<ul style="list-style-type: none"> Asymptomatic (including acute retroviral syndrome and persistent generalized lymphadenopathy) Symptomatic (not AIDS) 			

AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date		AIDS INDICATOR DISEASES	Initial Diagnosis		Initial Date	
	Def.	Pres.	Month	Year		Def.	Pres.	Month	Year
Candidiasis, bronchi, trachea, or lungs	1	NA			Lymphoma, Burkitt's (or equivalent term)	1	NA		
Candidiasis, esophageal	1	2			Lymphoma, immunoblastic (or equivalent term)	1	NA		
Carcinoma, invasive cervical	1	NA			Lymphoma, primary in brain	1	NA		
Coccidioidomycosis, disseminated or extrapulmonary	1	NA			Mycobacterium avium complex or M. kansasii, disseminated or extrapulmonary	1	2		
Cryptococcosis, extrapulmonary	1	NA			M. tuberculosis, pulmonary	1	2		
Cryptosporidiosis, chronic intestinal (>1 month duration)	1	NA			M. tuberculosis, disseminated or extrapulmonary*	1	2		
Cytomegalovirus disease (other than in liver, spleen, or nodes)	1	NA			Mycobacterium of other species or unidentified species, disseminated or extrapulmonary	1	2		
Cytomegalovirus retinitis (with loss of vision)	1	2			Pneumocystis carinii pneumonia	1	2		
HIV encephalopathy	1	NA			Pneumonia, recurrent, in 12-month period	1	2		
Herpes simplex: chronic ulcer(s) (>1 month duration); or bronchitis, pneumonitis, or esophagitis	1	NA			Progressive multifocal leukoencephalopathy	1	NA		
Histoplasmosis, disseminated or extrapulmonary	1	NA			Salmonella septicemia, recurrent	1	NA		
Isosporiasis, chronic intestinal (>1 month duration)	1	NA			Toxoplasmosis of brain	1	2		
Kaposi's sarcoma	1	2			Wasting syndrome due to HIV	1	NA		

Def.=definitive diagnosis Pres.=presumptive diagnosis

*RVCT case number

If HIV tests were not positive or were not done, does this patient have an immunodeficiency that would disqualify him/her from the AIDS case definition? ☐ 1 ☐ 0 ☐ 9

IX. Treatment/Services Referrals

Has the patient been informed of his/her HIV infection? <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9	This patient has been enrolled at:
This patient's partner(s) has been or will be notified about their HIV exposure and counseled by:	Clinical Trial
<input type="checkbox"/> 1 Health Department <input type="checkbox"/> 2 Physician/Provider <input type="checkbox"/> 3 Patient <input type="checkbox"/> 9 Unknown	<input type="checkbox"/> 1 NIH-sponsored <input type="checkbox"/> 1 HRSA-sponsored
This patient received or is receiving:	<input type="checkbox"/> 2 Other <input type="checkbox"/> 2 Other
• Antiretroviral therapy <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9	<input type="checkbox"/> 3 None <input type="checkbox"/> 3 None
• PCP prophylaxis <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 9	<input type="checkbox"/> 9 Unknown <input type="checkbox"/> 9 Unknown
This patient is receiving or has been referred for:	This patient's medical treatment is primarily reimbursed by:
• HIV-related medical services <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> NA <input type="checkbox"/> 9	<input type="checkbox"/> 1 Medicaid <input type="checkbox"/> 2 Private insurance/HMO
• Substance abuse treatment services <input type="checkbox"/> 1 <input type="checkbox"/> 0 <input type="checkbox"/> 8 <input type="checkbox"/> 9	<input type="checkbox"/> 3 No coverage <input type="checkbox"/> 4 Other public funding
	<input type="checkbox"/> 7 Clinical trial/government program <input type="checkbox"/> 9 Unknown

For women:

- This patient is receiving or has been referred for gynecological or obstetrical services ☐ 1 ☐ 0 ☐ 9
- This patient is currently pregnant ☐ 1 ☐ 0 ☐ 9
- This patient has delivered live born infant(s) ☐ 1 ☐ 0 ☐ 9

(If yes and if delivered after 1977, provide birth information below for the most recent birth)

Child's date of birth	Hospital of birth	Child's Soundex	Child's state patient number
Month Day Year	City State		

X. Comments

Health Department Use Only: Census Tract: _____ Non-LA: _____ Assigned To: _____

Health District: _____ NIR Code: _____ Approved By: _____

Persons with HIV infection without an AIDS diagnosis must be reported without name. Persons with conditions meeting AIDS case criteria must be reported with name. For additional information about HIV/AIDS case reporting, please call your local health department.

XI. Provider Information

Physician's name (last, first, MI)	Telephone number	Patient's medical record number	Person completing form	Telephone number
	()			()
Address (number, street)	City	State	ZIP code	

MAIL COMPLETED FORM TO YOUR LOCAL HEALTH DEPARTMENT.



LOS ANGELES COUNTY SEXUALLY TRANSMITTED DISEASE
CONFIDENTIAL MORBIDITY REPORT



DATE OF REPORT - - REPORT ☐ New REPORT
STATUS: ☐ Update DONE BY:

PROVIDER

PATIENT INFORMATION

DIAGNOSIS & TREATMENT

1

DIAGNOSING MEDICAL PRACTITIONER (LAST NAME & FIRST NAME)

TITLE ABBREVIATION

FACILITY/CLINIC NAME

SUITE/UNIT NO.

FACILITY/CLINIC STREET ADDRESS

CLINIC STAMP

CITY/TOWN

STATE

AREA CODE

OFFICE TEL

ZIP CODE

AREA CODE

OFFICE FAX

2

PATIENT'S LAST NAME

FIRST NAME

MI

MEDICAL RECORD NUMBER

SOCIAL SECURITY NUMBER

OCCUPATION

PATIENT'S STREET ADDRESS

APT./UNIT NO.

CITY/TOWN

STATE

ZIP CODE

AREA CODE

DAY TEL

AREA CODE

EVENING TEL

AGE:

BIRTH DATE:

PREGNANT:

☐ Yes → ☐ No

If yes, LMP:

For HIV REPORTING:
Call (213) 351-8516 or visit
www.lapublichealth.org/hiv

GENDER:

- ☐ Male
☐ Female
☐ Transgender (M to F)
☐ Transgender (F to M)

MARITAL STATUS:

- ☐ Single
☐ Married
☐ Domestic Partner
☐ Separated
☐ Divorced
☐ Widowed
☐ Living with Partner

RACE: (X all that apply):

- ☐ White
☐ Black or African American
☐ Native American or Alaska Native
☐ Asian or Asian American
☐ Native Hawaiian or Pacific Islander
☐ Unknown
☐ Other:

ETHNICITY: (X only one):

- ☐ Hispanic or Latino
☐ Non Hispanic/
Non-Latino

GENDER(S) of SEX PARTNERS:
(X all that apply):

- ☐ Male
☐ Female
☐ Transgender (M to F)
☐ Transgender (F to M)
☐ Unknown
☐ Refused

CHLAMYDIA

3

DIAGNOSIS: (X one):

- ☐ Asymptomatic
☐ Symptomatic - uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia/Conjunctivitis
☐ Other:

SITE / SPECIMEN: (X all that apply):

- ☐ Urine
☐ Cervix
☐ Urethra
☐ Rectum
☐ Nasopharynx
☐ Other:

Specimen Collection Date:

Treatment Date:

☐ Not treated

Medication & Dose:

Partner Information:

Number partners (last 60 days)

Number treated

Number Partner Delivered Therapy

GONORRHEA

DIAGNOSIS: (X one):

- ☐ Asymptomatic
☐ Symptomatic - uncomplicated
☐ Pelvic Inflammatory Disease
☐ Ophthalmia/Conjunctivitis
☐ Disseminated
☐ Other:

SITE / SPECIMEN: (X all that apply):

- ☐ Urine
☐ Cervix
☐ Urethra
☐ Rectum
☐ Nasopharynx
☐ Other:

Specimen Collection Date:

Treatment Date:

☐ Not treated

Medication & Dose:

Partner Information:

Number partners (last 60 days)

Number treated

SYPHILIS, CONGENITAL SYPHILIS, OTHER REPORTABLE STDs AND REPORTING INFORMATION ON BACK PAGE.



**VETERINARY PUBLIC HEALTH-RABIES CONTROL PROGRAM****TEL: (323) 730-3723 FAX: (323) 731-9208 OR (323) 735-2085****<http://lapublichealth.org/vet>****ANIMAL BITE REPORT FORM**

PERSON BITTEN				
Victim name (last and first)		Date of Birth	Address (number, street, city and zip)	
Victim phone number		Reported by:		Reporter phone number
Date bitten	Time bitten	Address where bitten (if no address make sure to put city)		Body location bitten
How bite occurred (if other, explain)				
<input type="checkbox"/> Provoked <input type="checkbox"/> Vicious <input type="checkbox"/> Playful <input type="checkbox"/> Sick <input type="checkbox"/> break up fight <input type="checkbox"/> Unknown <input type="checkbox"/> Other				
Date Treated	Treated by			Phone number
Type of treatment				
ANIMAL				
Owner Name (last and first)		Address (number, street city and zip)		
Phone Number	Type of animal <input type="checkbox"/> Dog <input type="checkbox"/> Cat <input type="checkbox"/> Other		Description of animal	
Remarks				
Report taken by:				
Date	Time	Faxed: <input type="checkbox"/> yes <input type="checkbox"/> No		Initials

Los Angeles County
Phone: (213)744-6271
Fax: (213)749-0926

Confidential Morbidity Report of Tuberculosis Suspects & Cases

Department of
Health Services

Under California law, all TB suspects and cases must be reported within **one** working day

Patient's Last Name	First	Middle	Date of Birth / /	Age	Sex	Patient's SS#
---------------------	-------	--------	----------------------	-----	-----	---------------

Patient's Address	City	State	Zip	County	Phone () -
-------------------	------	-------	-----	--------	----------------

Occupation	Country of Birth	Date Arrived in U.S. / /	Medical Record Number
------------	------------------	-----------------------------	-----------------------

Race/Ethnicity: ☐ White ☐ Black ☐ Asian ☐ Pacific Islander ☐ Hispanic ☐ Non-Hispanic

Date: / / mm of induration Previous TB Skin Test Date: / / mm of induration Current TB Skin Test	Chest X-ray date: / / <input type="checkbox"/> Normal <input type="checkbox"/> Cavitory <input type="checkbox"/> Non-Cavitory Impression: _____	<input type="checkbox"/> Check here to Report a Skin Test Reactor age 3 yrs and under <u>only</u>
---	---	--

Active Disease

- ☐ TB Suspect
☐ TB Case

Complete for TB Suspect/Case Only Site of Disease

- ☐ Pulmonary TB
☐ Extrapulmonary TB Specify Site: _____

Cough and/or Sputum production <input type="checkbox"/> Yes <input type="checkbox"/> No	Date of Onset / /	Date of Diagnosis / /	Date of Death / /
--	----------------------	--------------------------	----------------------

Bacteriology

☐ Not Done

Date Collected	Specimen Type	Smear AFB	Culture MTB

Treatment

☐ Not Started

Drug	Dose	Start Date
INH		
Rifampin		
EMB		
PZA		

Lab Name: _____

Phone: _____

Remarks:

Reporting Health Care Provider

Telephone Number
()

Fax Number
()

Reporting Health Care Facility Address

Submitted By

Date Submitted
/ /

For the TB Control Use

☐ New or ☐ Open
DP#: _____
☐ Close date _____
☐ Conf. date _____
☐ TB or ☐ FMD
☐ Faxed date _____
☐ Faxed date _____
cc: _____
CT: _____

County of Los Angeles ● Department of Health Services

Tuberculosis Control Program

2615 So. Grand Ave., Room 507
Los Angeles, CA 9007

WHY DO YOU REPORT?

Because it is the law! Reporting of all patients with confirmed or suspect Tuberculosis is mandated by State Health and Safety Codes Division 4, Chapter 5: Secs 121361 & 121362 and Administrative Codes, Title 17, Chapter 4, Section 2500 and must be done within one day of diagnosis. It also mandates that prior to discharge, all tuberculosis suspects and cases in hospitals and prisons have an individualized, written discharge plan approved by the Health Department.

WHO MUST REPORT?

1. All health care providers (including administrators of health care facilities and clinics) in attendance of a patient suspected to have or confirmed with active tuberculosis must report within one calendar day from the time of identification.
2. The director of any clinical lab must report laboratory evidence suggestive of tuberculosis to the Health Department on the same day that the physician who submitted the specimen is notified.

WHEN DO YOU REPORT?

1. When the following conditions are present:
 - signs and symptoms of tuberculosis are present, and /or
 - the patient has an abnormal CXR consistent with tuberculosis, or
 - the patient is placed on two or more anti-TB drugs
2. When bacteriology smears or cultures are positive for acid fast bacilli (AFB).
3. When the patient has a positive culture for *M.tuberculosis* or *M.bovis*.
4. When a pathology report is consistent with tuberculosis.
5. When a patient age 3 yrs or younger has a positive Tuberculin skin test and normal CXR.

DELAY OR FAILURE TO REPORT:

Delay or failure to report communicable diseases has contributed to serious consequences in the past. Under the *California Code of Regulations*, Title 16 (section 1364.10), failure to report a communicable disease is a misdemeanor punishable by a fine of not less than \$50 nor more than \$1,000, or by imprisonment for a term of not more than 90 days, or both. Each day the violation is continued is a separate offense.

The Medical Board of California has made failure to report in a timely manner a citable offense under *California Business and Professions Code* (Section 2234), "Unprofessional Conduct."

HOW DO YOU REPORT?

The form on the other side is to be completed in its entirety and submitted to Tuberculosis Control:

1. **BY FAX:** (213) 749-0926

or

2. **BY PHONE:** (213) 744-6271

After hours, leave your name, phone or pager #, patient name, DOB and medical record number on voicemail.

FOODBORNE ILLNESS REPORTING

Food and drink may be the vehicle of many human diseases, so reporting possible foodborne illnesses to the Health Department is an important surveillance tool for public health. Don't wait for test results to return before you report; if you see 2 or more cases of the same syndrome in persons from separate households but with the same suspected food source, Public Health should be notified immediately by telephone. This is especially important if illness is suspected of coming from a commercial food item or retail establishment. Public Health can investigate quickly and take control measures to prevent exposure of others to contaminated or spoiled food.

Report possible foodborne illness to the disease reporting hotline: 888-397-3993. ☎

DISEASE REPORTING FORMS INDEX

All Los Angeles County Department of Health Services case reporting forms are available by calling their respective programs and through their web sites. The following forms are included in this issue:

Los Angeles County Department of Health Services, Reportable Diseases and Conditions, 2003

Morbidity Unit 213-240-7821
Acute Communicable Disease Control 213-240-7941
www.lapublichealth.org/acd/reports/acdcmr.pdf

Confidential Morbidity Form (revised 12/02)

Morbidity Unit 213-240-7821
Acute Communicable Disease Control 213-240-7941
www.lapublichealth.org/acd/reports/acdcmr.pdf

Adult HIV/AIDS Case Report Form

(patients over 13 years of age at time of diagnosis with out personal identification, for pediatric cases see below)

HIV Epidemiology Program 213-351-8516
www.lapublichealth.org/HIV/hivreporting/Adult%20HIV-AIDS%20Case%20Report%20Form.PDF

Sexually Transmitted Disease Confidential Morbidity Report STD Program

. 213-744-3070
www.lapublichealth.org/std/H-1911A%20Nov03%for%20web.pdf

Confidential Morbidity Report of Tuberculosis (TB) Suspects and Cases

Tuberculosis Control 213-744-6160
www.lapublichealth.org/tb/cmrcmr/cmrfax.pdf

Animal Bite Report Form

Veterinary Public Health 877-747-2243
www.lapublichealth.org/vet/biteintro.htm

Not included in this issue:

Pediatric HIV/AIDS Case Report Form

(patients less than 13 years of age at time of diagnosis)

Pediatric AIDS Surveillance Program 213-351-7319
** Must first call program before reporting. **

[www.lapublichealth.org/hiv/hivreporting/Pediatric HIV-AIDS Case Report Form.pdf](http://www.lapublichealth.org/hiv/hivreporting/Pediatric%20HIV-AIDS%20Case%20Report%20Form.pdf)

Animal Diseases and Syndrome Report Form (online):

Veterinary Public Health 323-730-3723
www.lapublichealth.org/vet/disintro.htm

Lead Reporting Form

Lead Program 213-869-7195
Call program to obtain reporting information.

Calendar

Mass Vaccination Clinics: A Reality Check

This program provides the important components and challenges of a bioterrorism/pandemic mass vaccination clinic. Health department staff responsible for the implementation of these clinics and who would respond to BT threats and/or influenza epidemics will benefit from the information presented.

Date: Thurs, March 18, 2004

Time: 9:00 AM - 10:30 AM

Place: Immunization Program HQ
3530 Wilshire Blvd, Suite 700
Los Angeles, CA 90010

This Issue . . .

<i>2004 Changes in Reporting</i>	<i>1</i>
<i>HIPAA Regulations</i>	<i>1</i>
<i>Bioterrorism Information Manual</i>	<i>3</i>
<i>STD Reporting Changes</i>	<i>4</i>
<i>Animal Bite Reporting</i>	<i>4</i>
<i>Reporting Cases of Vaccine-Preventable Diseases</i>	<i>5</i>
<i>Reporting Phone Numbers</i>	<i>6</i>

THE PUBLIC'S HEALTH

Newsletter for Medical Professionals in Los Angeles County



COUNTY OF LOS ANGELES
DEPARTMENT OF HEALTH SERVICES
Public Health

313 North Figueroa Street, Room 212
Los Angeles, California 90012